

Anesthesiology

Claims Data Snapshot

▶ Introduction

- ▶ This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which an anesthesiologist* is identified as the primary responsible service.
 - ▶ A malpractice case can have more than one responsible service, but the “primary responsible service” is the specialty that is deemed to be most responsible for the resulting patient outcome.
- ▶ Our data system, and analysis, rolls all claims/suits related to an individual patient event into one case for coding purposes. Therefore, a case may be made up of one or more individual claims/suits and multiple defendant types such as hospital, physician, or ancillary providers.
 - ▶ Cases that involve attorney representations at depositions, State Board actions, and general liability cases are not included.
- ▶ This analysis is designed to provide insured doctors, healthcare professionals, hospitals, health systems, and associated risk management staff with detailed case data to assist them in purposefully focusing their risk management and patient safety efforts.

▶ Anesthesia-related allegations



Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.

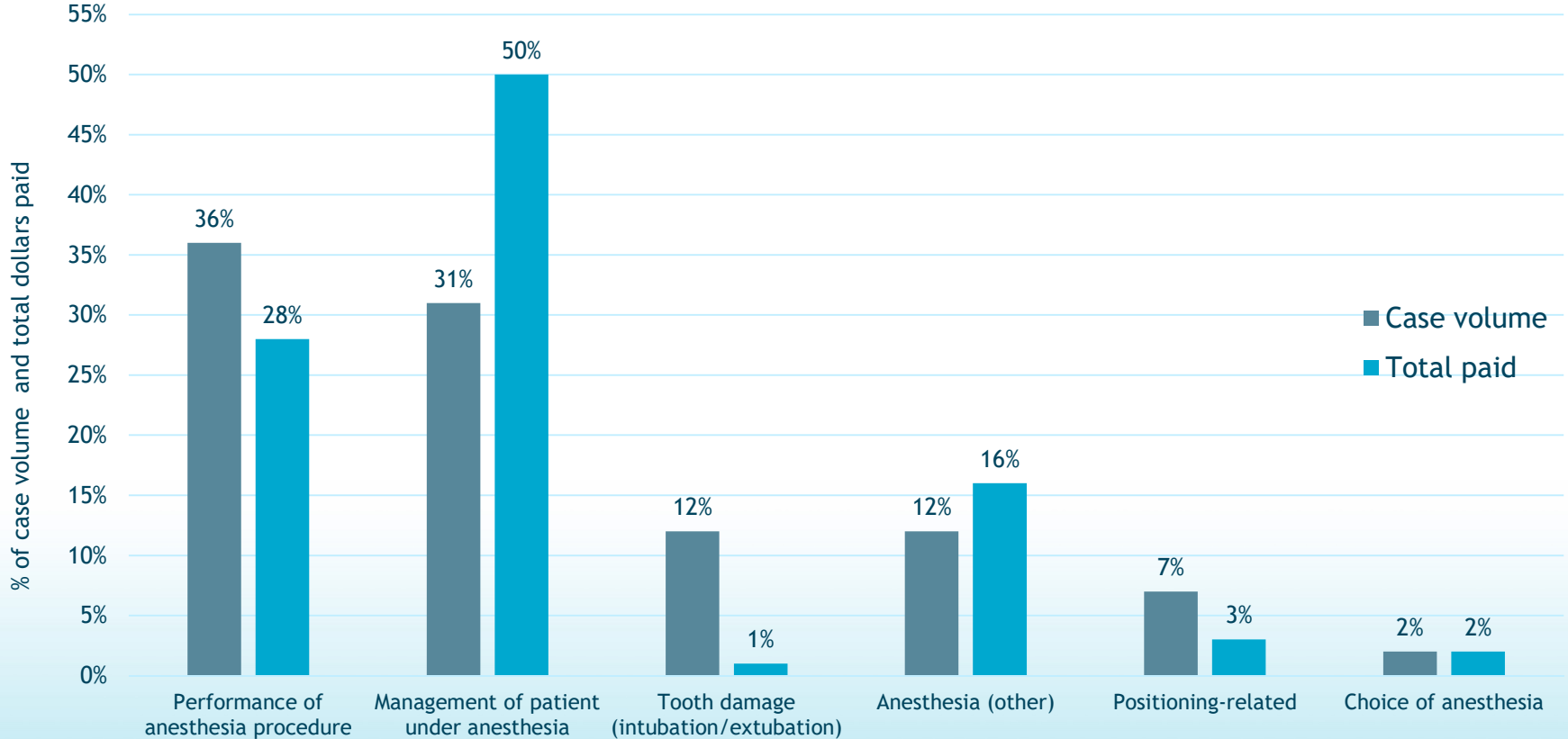
Data throughout this analysis reflects only anesthesia-related allegations (equates to almost 90% of all cases involving anesthesiologists).



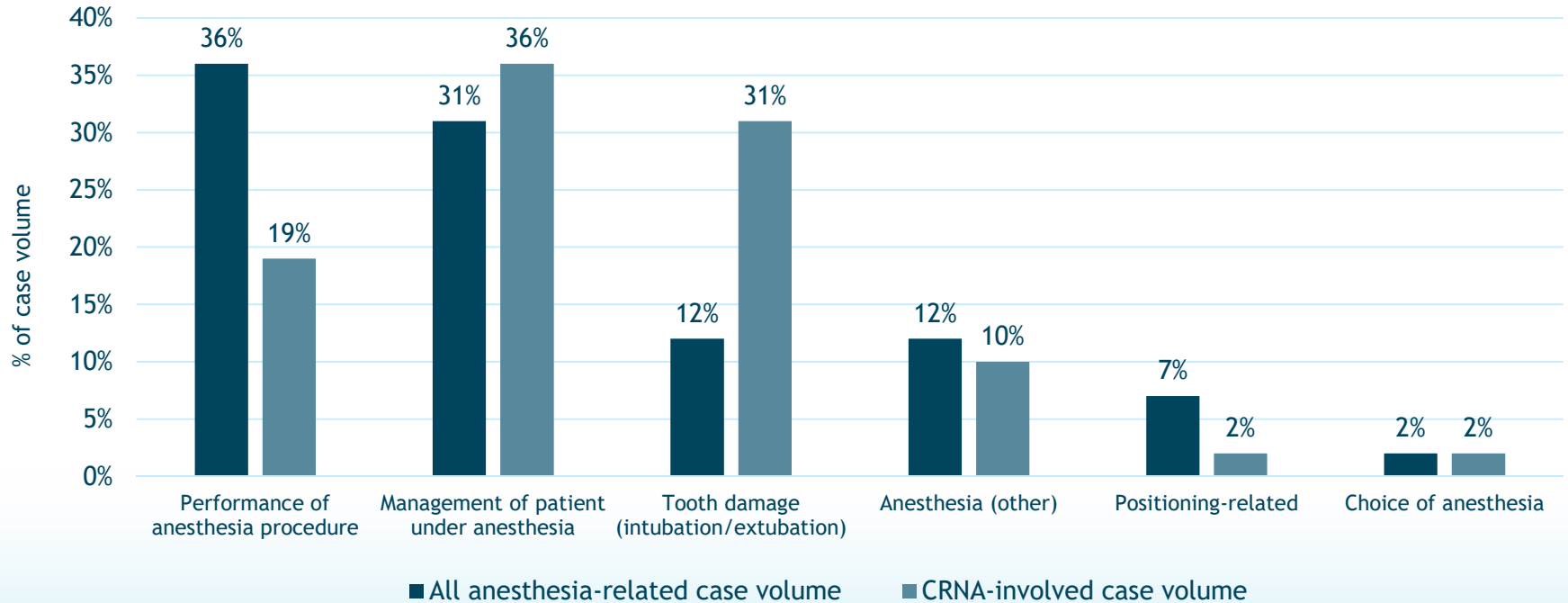
Anesthesiologists are involved in other case types, including:

- Performance of pain management procedures;
- Diagnostic failures involving inadequate pre-procedure assessments; and
- A few surgery-related cases in which the surgeon’s management of the patient was impacted by the anesthesiologist’s actions.

▶ Anesthesia-related allegations & dollars



▶ CRNA-involved cases



CRNAs are identified as “involved” in the anesthesia-related cases, but never as the primary responsible service. Their involvement and any ‘responsibility’ is attributed to anesthesiology.

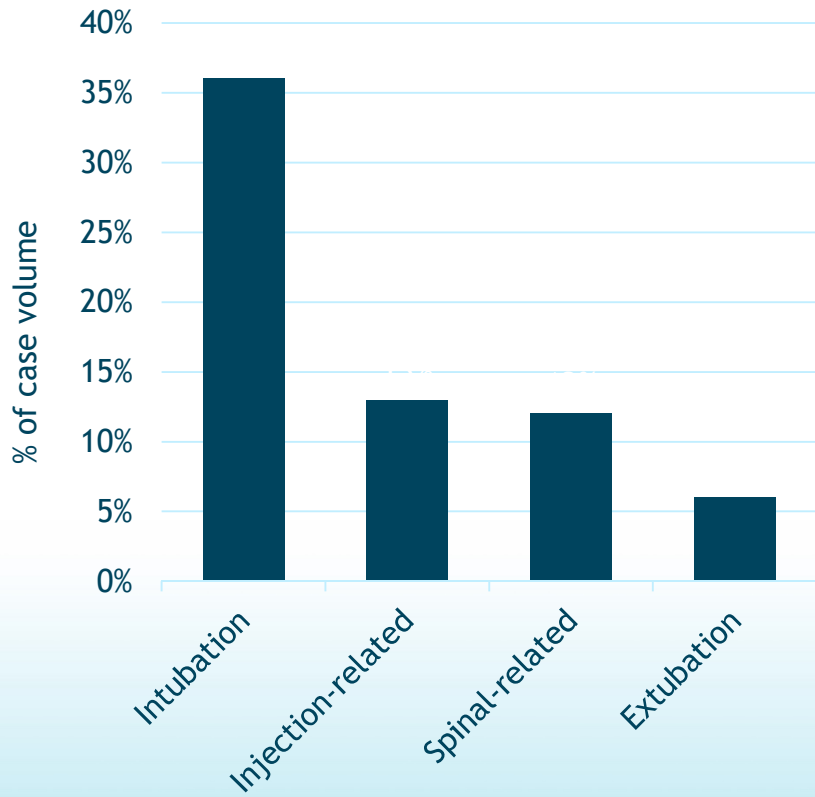
▶ Top allegation trending over time



The volume of patient management cases has started to trend upwards; these cases are financially very significant.



▶ Top procedures in anesthesia cases



Procedural performance can be complicated by delayed recognition of clinical symptoms, and/or inadequate assessment of the patient.

Almost half of intubation and one-third of extubation cases resulted in tooth damage.

Extubation cases (excluding those involving tooth damage) usually center around immediate post-extubation complications, bringing into question whether the patient's extubation was appropriate/timely. These cases are 36% more expensive* than non-tooth damage intubation cases.

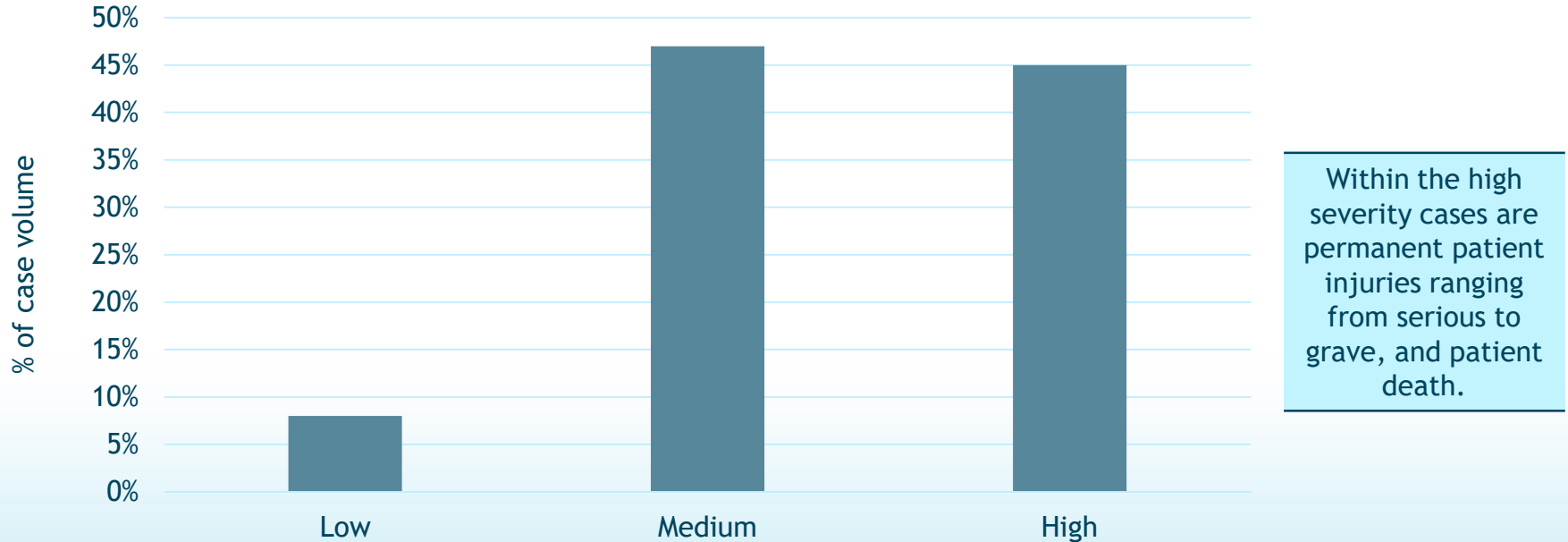
▶ Anesthesia management cases

Cases involving the management of patients under anesthesia, including the anesthesiologist's response to developing complications, are on average twice as expensive* as cases arising from the actual performance of anesthesia procedures (intubation, extubation, etc).

While complications of procedures may have been the result of procedural error, the failure to timely recognize and/or monitor/manage the issue prevents the opportunity for early mitigation of the risk of serious adverse outcome.

▶ Clinical severity*

Typically, the higher the clinical severity, the higher the indemnity payments and the more frequently an indemnity payment occurs.



There has been a slight lessening in the volume of the most severe patient outcomes over the last 10 years.

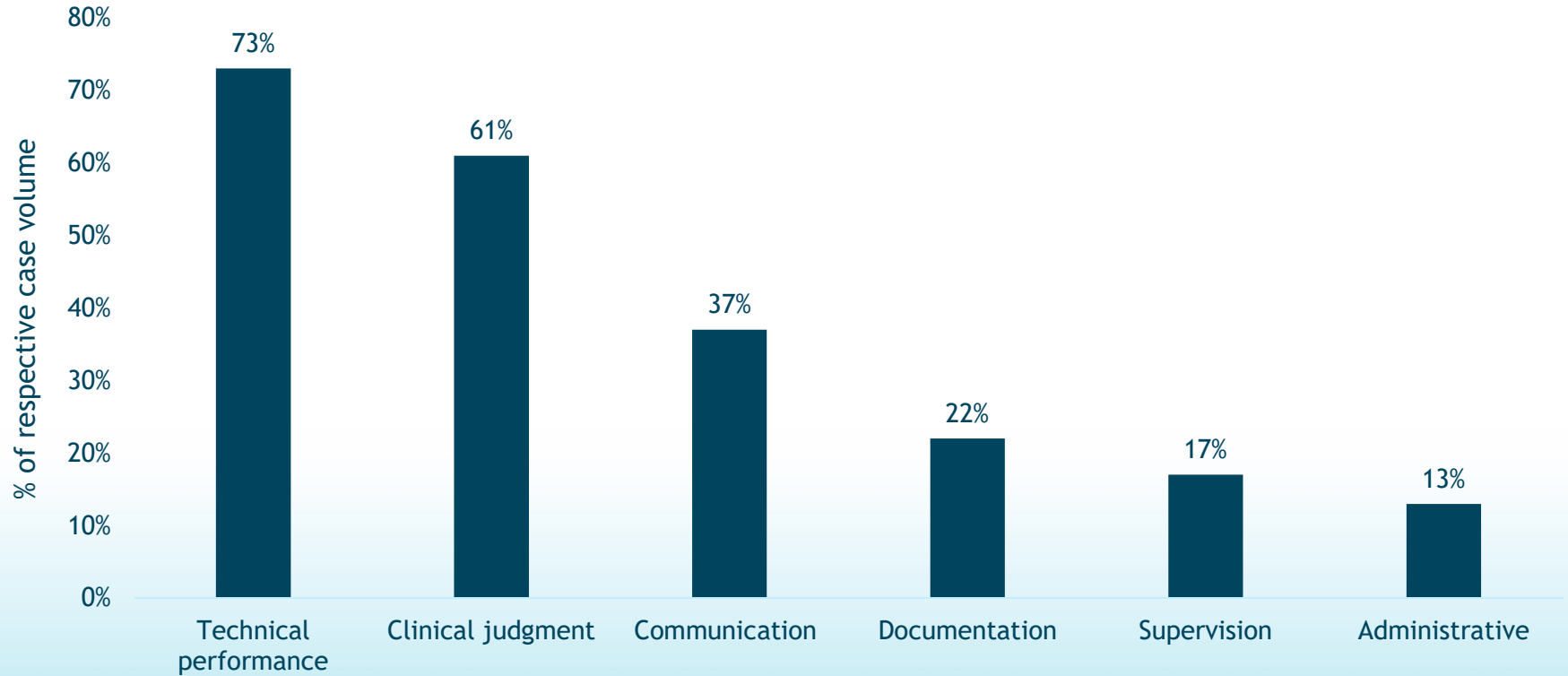
▶ Contributing factors



Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient outcome and/or to the initiation of the case.

Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.

▶ Top contributing factor categories



► These specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes, and are more expensive.*

Factor category	The details	How much more expensive?*
Technical performance	Poor procedural technique	10%
Clinical judgment	Inadequate patient monitoring	62%
	Failure to appreciate/reconcile patient signs/symptoms	94%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	98%
Documentation	Insufficient documentation about clinical findings & sequence of events	108%
Supervision	Inadequate supervision of nursing staff, including CRNAs	25%
Administrative	Failure to follow established policies & protocols	90%

▶ In summary: where to focus your efforts

- Ongoing evaluation of procedural skills and competency with equipment is critically important.
- Conduct a thorough assessment of the patient pre-operatively.
 - Ensure that all testing and specialty evaluations are available for review prior to induction; in an ambulatory setting, these details might not always be as readily available as in the inpatient setting.
- Communicate with each other.
 - Actively collaborate with other members of the patient's surgical care team - including all operating and recovery room staff. Coordinate the steps of the patient's care, including post-operatively.
 - Talk also to the patient/family, elicit a comprehensive patient history and conduct a thorough informed consent with the patient - separate from the surgical consent.
- Document.
 - The anesthesia record is critically important for detailing the pre-operative patient assessment, intra-operative steps, and post-operative sequence of events. Discrepancies or gaps in the details/timing make it much more difficult to build a supportive framework for defense against potential malpractice cases.
- Know (and adhere to) your supervision responsibility for advanced practice providers.
- Follow patient safety precautions before, during and after each procedure, including surgical time-outs and the provision of post-anesthesia specialty coverage.

▶ MedPro advantage: online resources

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Tools &
resources

Educational
opportunities

Consulting
information

Videos

eRisk Hub
Cybersecurity Resource

Education

Materials and resources to educate followers about prevalent and emerging healthcare risks

Awareness

Information about current trends related to patient safety and risk management

Promotion

Promotion of new resources and educational opportunities

▶ A note about MedPro Group data

MedPro Group has entered into a partnership with CRICO Strategies, a division of the Risk Management Foundation of the Harvard Medical Institutions. Using CRICO's sophisticated coding taxonomy to code claims data, MedPro Group is better able to identify clinical areas of risk vulnerability. All data in this report represent a snapshot of MedPro Group's experience with specialty-specific claims, including an analysis of risk factors that drive these claims.

crico | strategies

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This document should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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